

Direct Practices

Annual report to the Legislature

December 1, 2011



Mike Kreidler - Insurance Commissioner

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Executive Summary

In 2007, the Washington State Legislature enacted Engrossed Second Substitute Senate Bill 5958, now codified as Chapter 48.150 RCW- creating innovative primary health care delivery.

The legislation requires the insurance commissioner to report annually to the Legislature on direct health care practices, including but not limited to “participation trends, complaints received, voluntary data reported by the direct practices and any necessary modifications to this chapter.”¹

In a direct health care practice, a health care provider charges a patient a set fee for all primary care services provided in their office, regardless of the number of visits. Patients pay a monthly fee. No insurance plan is involved, although patients may have insurance coverage for more costly medical services. Direct practices are sometimes called retainer or concierge practices.

The 2011 annual report on direct patient-provider primary care practices analyzes three years of annual statements (2009 through 2011).

Participation trends:

- As of 2011, there were approximately 10,525 patients enrolled in a direct practice, out of a total Washington state population of 6.7 million.
- Overall patient participation increased by 7%, or 1,545 new patients, from a total of 8,980 in 2010 to 10,525 in 2011.
- New practices enrollment accounted for 1,216 of those new patients, leaving only 329 new patients spread out over the existing practices.
- The number of practices increased by eight, from 16 to 24. Seven of the new practices are located in eastern Washington. One is in Vancouver.
- All eight of the new practices charge monthly fees ranging from \$25 to \$72.
- Practices are located in nine counties: King (9), Snohomish (3), Spokane (4), Stevens (1), Benton (1), Thurston (2), Yakima (1) Clark (2) and Island (1) counties.

Complaints received: The insurance commissioner’s consumer hotline has received no formal or informal complaints regarding any of the direct patient practices for 2011.

Voluntary data reported by direct practices: In anticipation of the commissioner’s study² required by the new law in 2012, the commissioner asked the practices to voluntarily submit additional data (see appendix A). While all of the registered practices responded to the mandatory questions, less than half of the direct practices chose to report voluntary information. Some reported that they did not collect this information. Others did not respond to any of the voluntary questions.

¹ RCW 48.150.100 (3)

² RCW 48.150.120

Necessary modification to chapter: The commissioner has two recommendations to the Legislature:

1. Continue to monitor practices using annual statements and consumer complaints.
2. Strike the commissioner's study requirement found in RCW 48.150.120.

Background

In 2007, the Washington state Legislature enacted a law to encourage innovative arrangements between patients and providers and to promote access to medical care for all citizens. Engrossed Substitute Senate Bill 5958, known as the direct patient-provider primary health care bill and codified as Chapter 48.150 RCW, identified direct practices as “a means of encouraging innovative arrangements between patients and providers and to help provide all citizens with a medical home.”³

Prior to the passage of the 2007 law, the commissioner determined that health care providers engaged in direct patient practices or retainer health care were subject to current state law governing health care service contractors.⁴ However, due to the limited nature of the business model, the commissioner recognized that imposing the full scope of regulation under this law was neither practical nor warranted.

The 2007 law permits direct practices to operate without having to meet certain required responsibilities such as financial solvency, capital maintenance, market conduct, reserving, and filing requirements. Without the legislation's safe harbor, direct practices would meet the definition of a health care service contractor under our state law.

The law specifically states that direct practices operated under the safe harbor created by Chapter 48.150 RCW are not insurers, health carriers, health care service contractors or health maintenance organizations as defined in Title 48 RCW.⁵ As a result, the commissioner has extremely limited regulatory authority over these practices. For example, they are not subject to financial solvency or market conduct oversight; nor do they have to comply with the Patient's Bill of Rights.

The only explicit regulatory role given to the commissioner is the collection and reporting of certain information. Specifically, the commissioner is required to file annual reports to the Legislature on the information submitted in annual statements and to conduct a commissioner's study of direct practices by December 1, 2012. The study relates to the initial purpose behind the legislation, found in RCW 48.150.005, which notes that direct practices represent an innovative affordable option that could:

- Improve access to medical care
- Reduce the number of people who now lack such access
- Cut down on emergency room use for primary care purposes⁶

³ RCW 48.150.005

⁴ RCW 48.44.010(3)

⁵ RCW 48.150.060

⁶ RCW 48.150.005

Annual Reports

By October 1, direct practices must submit annual statements to the commissioner specifying the:

- Number of providers in each practice.
- Total number of patients being served.
- Average direct fee being charged, as well as providers' names, and
- The business address for each direct practice.

The Legislature did not give the commissioner rule-making authority, but permitted him to instruct the practices on how to submit the statement, in what form and with what content.

The commissioner is required to submit an annual report to the Legislature on direct practices including but not limited to:

- Participation trends
- Complaints received
- Voluntary data reported by the direct practices
- Any necessary modifications to the chapter

2012 Study

In addition to the annual reports, the commissioner is required to submit a study to the Legislature by December 1, 2012 providing an analysis of whether direct patient practices:

- Improve or reduce access to primary health care services by recipients of Medicare and Medicaid, individuals with private health insurance, and the uninsured.
- Provide adequate protection for consumers from practice bankruptcy, practice decisions to drop participants, or health conditions not covered by direct practices.
- Increase premium costs for individuals who have coverage through traditional health insurance.
- Have an impact on a health carrier's ability to meet network adequacy standards set by the commissioner or state health purchasing agencies.
- Cover a population that is different from individuals covered through traditional health insurance⁷.

Direct Practices in Washington: A Definition

Direct patient-provider primary care practices (direct practices) also are sometimes called retainer medicine or concierge medicine. Washington's legislative definition states that a direct practice:

- Charges patients monthly fees for providing primary care services.
- Offers only primary care services.
- Enters into a written agreement with patients describing the services and fees.
- Does not bill insurance to pay for any of the patient's primary care services.

A direct practice is a model of care in which physicians charge a pre-determined fixed monthly fee to patients for all primary care services provided in their offices, regardless of the number of visits. Primary care services are defined as routine health care services, including screening, assessment, diagnosis, and treatment for the purpose of promotion of health, and detection and management of disease or injury⁸.

These health care arrangements cannot market or sell to employer groups.

In 2009, the Legislature made minor modifications to the original legislation. The modifications allow direct practices to accept a direct fee paid by an employer on behalf of an employee who is a direct patient, but continue to prohibit employers from entering into coverage agreements with direct practices.

Physicians providing direct practice care describe their practices as caring for fewer patients than conventional practices, and allowing more time for patients during office visits to ask questions and doctors to explain medical care. Some direct practices offer additional services such as same-day appointments or extended business hours, home visits and physicians available for emergency calls on a 24-hour basis.

It is also important to understand that direct practices are not:

Comprehensive health care coverage - Direct practices are not "comprehensive coverage." Services covered under direct practice agreements must not include services or supplies such as prescription drugs, hospitalization, major surgery, dialysis, high-level radiology, rehabilitation services, procedures requiring general anesthesia, or similar advanced procedures, services, or supplies⁹. In fact, direct practice agreements must contain the following disclaimer statement: "This agreement does not provide comprehensive health insurance coverage. It provides only the health care services specifically described."¹⁰

Access fee model – There are practices in Washington offering a variety of amenities in return for an "access fee." Most of these providers offer patients "improved access" through some type of same-day office visits, e-mail or telephone consultation, 24/7 contact by pager or cell phone, lifestyle planning, special tracking and follow-up, etc. These amenities are in addition to an underlying health care policy and can apply only to non-covered services.

⁸ RCW 48.150.010(8)

⁹ RCW 48.150.010 (d)

¹⁰ RCW 48.150.110 (1).

Discount health plan - Discount health plans are membership organizations that charge a fee for a list of providers who offer discounted health care services or products.

Cash-only practices or fee-for-service - Cash only practices do not charge a monthly fee. These practices charge patients for non-emergency services on an as-needed basis. Many insurance plans reimburse for these as out-of-network providers.

2011 annual report

What the data shows

Direct practices began filing annual statements in October 2007. This report compares the last three years of data for 2009, 2010 and 2011. On July 1, 2011, the commissioner sent the 2011 data call survey to all direct practices reporting annually since October 2007. The survey was designed to collect not only the mandatory information required in the annual statements, but also voluntary data necessary to conduct the analysis required for the 2012 study. (See appendix B) The following chart summarizes data collected in 2011 for 2010. Monthly fees for 2009 are not included in the chart because the variations in fees were minor. Direct practices reporting annual information since 2007 are in bold, and fee information for those practices can be accessed through past reports, all of which are posted online at www.insurance.wa.gov, under "Publications, Commissioner Reports."

Table 1. Summary of Required Data Reported by 2011 Annual Statements

	Practice Name Location	Provider type	# of patients 2009	# of patients 2010	# of patients 2011	Monthly fee 2010	Monthly fee 2011
1	Anchor Medical Clinic Mukilteo	1 MD	208	218	197	\$89	\$89
2	Bellevue Medical Partners Bellevue	2 MD	292	320	310	\$200	\$225
3	CARE Medical Associates Bellevue	1 DO	252	261	262	\$108	\$121
4	Charis Family Clinic Edmonds	1 ARNP		7	24	\$49	\$49
5	Columbia Medical Associates Spokane	24 MD 11 ARNP 5 DO 7 PAC 1 PhD			847		\$25
6	DirectCareMD/Heritage Olympia	1 MD 1 ARNP 1 DO	35	33	45	\$50	\$55
7	Doctors Clinic of Spokane Spokane	2 MD 1 DO 1PAC			36		\$67
8	Family Medicine Liberty Lake Liberty Lake	1 MD	New practice as of July 1				
9	Guardian Family Care Mill Creek	2 MD	225	300	360	\$80	\$70

Table 1. Summary of Required Data Reported by 2011 Annual Statements

	Practice Name Location	Provider type	# of patients 2009	# of patients 2010	# of patients 2011	Monthly fee 2010	Monthly fee 2011
10	Hart Family Medicine Spokane	1 MD			2		\$69
11	Hendler Family Practice Bainbridge Island	1MD		85	85	\$175	\$185
12	King County #4 Snoqualmie Ridge Clinic Snoqualmie	4MD 2ANRP	24	156	252	\$30	\$30
13	MD2 Bellevue MD2 Seattle	2MD 2MD	224 205	224 207	217 208	\$849 \$846	\$845 \$895
14	New West Medical Care Vancouver, WA	1 MD 1 DO		22	15		\$65
15	North East WA. Medical Colville	37 Providers			47		\$57
16	Physicians Clinic of Spokane Spokane	20 MD 6 ARNP 1PAC			4		\$59
17	Physicians Immediate Care & Medical Centers North Richland	3 MD 3 DO 3 PAC 1 PHD			24		\$67
18	Qliance Medical Group Seattle, Kent, Mercer Island	9 MD 3ARNP	2,292	3354	3542	\$72	\$80
19	Rockwood Clinic Spokane	220 Providers			165		\$38
20	Seattle Medical Associates Seattle	3 MD	2700	2722	2718	\$89	\$89
21	Seattle Premier Health Seattle (Formerly Swedish Premier Health)	2 MD		191			\$208
22	Southwest Medical Group Vancouver	3 MD 2 PAC			91		\$72
23	Swedish Community Health Seattle	3 MD 1ARNP		345		\$45	\$55
24	Vantage Physicians Olympia	2 MD	392	535	540	\$95	\$80
25	Yakima Valley Farm Workers Clinic Yakima	Practice open as of June 2010 for Mexican Worker Health Program/ No one enrolled to date					
TOTALS			8093	8980	10,525		

Location and Participation

From our initial report to the Legislature in 2009 to the current time, certain reported data has remained consistent, including:

- Most patients remain with the practice for at least a year.
- For the majority of direct practices, either the number of patients receiving care has remained stable or the practice is at capacity and not accepting new patients.
- The monthly fees in most cases are similar to what they were in 2009, with minor fluctuations. One exception was a \$49 increase per month from 2010 to 2011.
- In addition, the Yakima Valley Farm Workers (YVFWC) clinic opened the Mexican Worker Health Program in June 2010 but has not enrolled anyone in the program to date. This program is designed to offer care for non-citizens working in the Yakima valley.

The 2011 data showing noteworthy changes include:

Direct practices increased by seven clinics¹¹ during 2010. Six of the newly reporting clinics are located in eastern Washington. Spokane has four, with Colville and Richland each having one. The seventh new clinic is in Vancouver.

The number of patients enrolled in the new direct practices totals 1,216, accounting for most of the growth in the number of direct practice patients.

The Spokane clinics have multiple locations and providers. For example, Columbia Medical Associates has 60 providers in 14 locations, and the Rockwood clinics have over 220 physicians in six primary clinical locations.

All of the direct practices located in eastern Washington participate as a network provider in a health carrier's network. A total of 15 direct practices statewide out of 24 report that they participate in a network.

None of the direct practices located in eastern Washington collect information about any other type of health coverage the patient has when they sign a direct provider agreement.

Affordability of direct practices

A key assumption underlying the legislation was that direct practices could provide affordable access to primary services. In theory, this would reduce pressure on the health care safety net or problems caused by a shortage of primary care physicians.

The range of monthly fees in direct practices varies from \$50 or less to over \$200. The largest concentration of enrollees is in the \$51 to \$75 range. Chapter 48.150 RCW does not require reporting to permit an analysis of whether direct practice enrollees have lower than typical emergency room use. In addition, data is not collected about the affordability of these fees for those enrolled in the direct practice.

Table 2, below, provides information about the census in the five major fee ranges for direct practices. A comparison of the annual statement information collected by the insurance

11 The main clinic location of a direct practice is counted for this purpose and not the satellite clinics.

commissioner shows major growth in 2011 in those enrolled in direct practices charging fees between \$51 and \$75 a month. This is because the new direct practices charge fees in this range, and one large direct practice's average monthly fee dropped to less than \$75, shifting it to a different column.

Table 2. Changes in practice census over time, based on monthly fee

Monthly Fee	\$ 50 or less	\$51 to \$75	\$76 to \$100	\$101 to \$200	\$201 +
2011 practices	4	11	3	2	4
Enrollees	1288	4506	3455	347	929
2010 practices	4	1	5	3	3
Enrollees	541	22	7129	666	622
2009 practices	2	3	2	2	2
Enrollees	59	4545	2517	544	428

Impact on the uninsured

The survey asked direct practices if they collected information about other types of health coverage the patient has when they sign a direct practice agreement. Fewer direct practices answered this question than in 2010.

Because direct practices are barred by law from billing carriers for primary care services, if enrollees have private insurance, the assumption made is that these patients are combining high-deductible plans with direct practice primary care. Direct practices themselves often recommend that their patients combine direct practice enrollment with a high-deductible insurance plan.

How direct practices evolved

Washington is the birthplace of this health care delivery approach. The origins of this approach are often traced to MD2, which began in 1996. In the last 13 years:

- Both the American Medical Association and the American Academy of Family Physicians established ethical and practice guidelines for retainer practices.
- In 2003, the federal establishment of Health Savings Accounts (HSA) promoted consumer-directed medicine, which includes enrolling in direct practices.
- In 2003, the Society for Innovative Medical Practice Design formed, representing direct practice physicians (its initial name was the American Society of Concierge Physicians).
- In 2004, the federal Office of the Inspector General for the U.S. Department of Health and Human Services warned practices about “double dipping,” and began taking enforcement steps against physicians charging Medicare beneficiaries extra fees for already covered services, such as coordination of care with other health care providers, preventative services and annual screening tests. The practices were referred to under various names: concierge, retainer, or platinum practices.

- In 2005, the U.S. Government Accountability Office issued the report “Physician Services: Concierge Care Characteristics and Considerations for Medicare¹².” At that time, nationwide there were 112 “concierge physicians” charging annual fees ranging from \$60 to \$15,000.
- In 2006, Washington’s insurance commissioner determined that retainer practices are insurance. West Virginia’s commissioner made the same ruling in 2006.
- In 2007, Washington became the first state to define and regulate direct patient-primary care practices, and to prohibit direct practice providers from billing insurance companies for services being provided to patients under the direct practice agreement.

Federal Health Reform and Direct Practices

On March 23, 2010, the president signed The Patient Protection and Affordable Care Act (PPACA). PPACA requires the development of exchanges beginning in 2014 to help individuals and small businesses purchase health insurance coverage and qualify for subsidies that will only be available for plans sold through the exchange.

An exchange cannot offer any health plan that is not a qualified health plan¹³. A qualified health plan must meet requirement standards and provide an essential benefit package as described in PPACA¹⁴. Essential health benefits include at least the following general categories and the items and services covered within the categories:

- (A) Ambulatory patient services.
- (B) Emergency services.
- (C) Hospitalization.
- (D) Maternity and newborn care.
- (E) Mental health and substance use disorder services, including behavioral health treatment.
- (F) Prescription drugs.
- (G) Rehabilitative and habilitative services and devices.
- (H) Laboratory services.
- (I) Preventive and wellness services and chronic disease management.
- (J) Pediatric services, including oral and vision

Since September 23, 2010, PPACA requires new health care plans to eliminate any cost-sharing requirements with respect to evidence-based items or services that have in effect a rating of A or B in the current recommendation of the United States Preventive Services Task Force.

12 GAO-05-929

13 PPACA, Pub. L. No 111-148, § 1301(a)(1)

14 PPACA, Pub. L. No 111-148, § 1302(b)

These provisions raise questions about the direct practice model of care. Specifically, in the following areas:

1. How will direct practices operate under PPACA?

Direct practices are not insurers and are authorized to offer only primary care services to their direct practice patients and not comprehensive health care. Therefore, under PPACA, they cannot be a qualified health plan eligible for sale through the state health benefits exchange.

PPACA does specify that a “qualified health plan” may provide coverage “through a qualified direct primary care medical home plan¹⁵.” Thus, a direct practice may contract with a carrier to provide the primary care services included in the carrier’s qualified health plans.

2. How does PPACA affect consumers with existing direct practice agreements?

- The limited data collected from direct practices providing voluntary information on other health care coverage at the time of enrollment indicates that some consumers are combining high-deductible health plans (HDHPs) with a direct practice agreement.

In 2014, when the individual mandate responsibility of obtaining insurance is effective, it may not be financially beneficial for a consumer to pay a direct practice for primary care services, as the agreement may not satisfy the coverage participation requirements.

- PPACA also requires all health plans to cover essential health benefits, including preventive services and chronic disease management.
- A consumer who enters into a direct practice agreements with a primary care provider outside of the exchange most likely would be paying twice for some primary care, preventive services and chronic disease management that is also covered by their plan.
- PPACA sets limits for maximum out-of-pocket expenses. A maximum out-of-pocket expense is the sum of the plan’s annual deductible and other annual out-of-pocket expenses (other than premiums) that the insured is required to pay, such as copayments and co-insurance for a high deductible health plan (HDHP).¹⁶ Consumers’ costs associated with a direct practice outside of the exchange may not count as cost-sharing expenses for the HDHP. For example, a direct practice provider is not a network provider and cannot bill health carriers regulated under Title 48 for health care services. Therefore, the consumer would not benefit from direct practice monthly fees counting toward their maximum out-of-pocket expense limits.
- Consumers who purchase qualified health plans through the exchange will be entitled to subsidies or premium tax credits if they meet certain income requirements. These financial incentives are not available outside of the exchange, and may result in enrollees abandoning direct practice arrangements.

15 PPACA, Pub. L. 111-148, §1301(c)(3)

16 Section 223(c)(2)(A)(ii) of the Internal Revenue Code of 1986

3. Nothing in federal health care reform bars direct practice arrangements from operating outside the exchange.

Exclusive direct practices that cater to wealthier consumers and offer more of a concierge model of care would most likely still have a market. On the other end of the spectrum, a market exists for direct practice agreements to individuals not entitled to buy health care coverage through the exchange, such as the Yakima Valley Farm Workers Clinic's Mexican Worker Health Program. Additionally, some consumers join direct practices because they like the personal services offered and will continue with their direct practice agreements.

Recommendations for legislative modifications

Washington is at the forefront of national regulation of direct primary care practices. Since passage of the 2007 law, direct primary care practices have not gained significant market share, but have expanded into nine counties in the state. Bearing this in mind, the commissioner suggests the following recommendations for the Legislature to consider.

- Strike the commissioner study requirement - With the passage of The Patient Protection and Affordable Care Act (PPACA) on March 23, 2010, it appears that many of the questions required by the 2012 study are no longer relevant. In addition, the necessary data to address the elements required for the study have not been collected by the direct practices, and is not otherwise available to the commissioner.
- Continue to monitor practices using annual statements and consumer complaints - Given the scope of these practices and the upcoming changes required by health care reform at the national level, take a wait-and-see approach regarding:
 - A. How many direct practices will form a partnership with health carriers, and
 - B. How direct practices will define themselves to stay competitive in the health care market.

APPENDIX A

ANNUAL STATEMENT FORM

DIRECT PRACTICE ANNUAL STATEMENT REPORT 2010

Please provide the following information by clicking on the shaded boxes. The questions marked with an * symbol are required to be answered. All data reported is calculated from the date your direct practice began.

*Practice Name: _____

*Address: _____

*List the name of the providers participating in direct practice care. _____

Do any of these providers participate as a network provider in a health carrier's network?

Check one: ☐ Yes ☐ No

What percentage of your business is direct practice?

Check one: ☐ Yes ☐ Don't know _____ percent

Has the practice discontinued any patients?

Check one: ☐ Yes ☐ No

If yes, how many _____, and please check the reasons:

- ☐ The patient failed to pay the direct fee under the terms of the direct agreement.
- ☐ The patient performed an act that constitutes fraud.
- ☐ The patient repeatedly fails to comply with the recommended treatment plan.
- ☐ The patient is abusive and presents an emotional or physical danger to the staff or other patients of the direct practice.
- ☐ Other

Has your direct practice declined to accept any patients?

Check one: ☐ Yes ☐ No

If yes, how many _____, and please check the reasons:

- ☐ The practice has reached its maximum capacity.
- ☐ The patient's medical condition is such that the provider is unable to provide the appropriate level and type of health care services in the direct practice.
- ☐ Other

*How many direct practice patients are enrolled in your program? _____

How many are children? _____ How many are adults? _____

(Please continue to page 2)

***What is your average monthly fee? _____**

***What is your average annual fee? _____**

Do you collect information about any other type of health coverage the patient has when they sign a direct practice agreement?

Check one: ☐ Yes ☐ No

If yes, what is the total number of patients with:

Medicaid _____
Medicare _____
Private health insurance _____
Uninsured/No prior health coverage _____

We also request that you include a copy of your direct practice agreement including your fee structure, disclosure statement, and any marketing materials you use with your completed Direct Practice Annual Statement Report form.

- ☐ I did not provide this information for the 2009 report and it is included with this report.
- ☐ I did provide this information for the 2009 report and it has not changed so I do not need to provide it for 2010.
- ☐ I did provide this information for the 2009 report but information changed and it is include with this report.

If you have any questions regarding this survey please contact:

Donna Dorris
Senior Policy Analyst
Office of Insurance Commissioner

Phone: (360) 725-7040
FAX: (360) 586-3109
donnad@oic.wa.gov

Appendix B - Voluntary information reported

	Anchor Med. Clinic	Bellevue Medical Partners LLC	CARE Medical Associates	Charis Family Clinic	Columbia Medical Associates	DirectCareMD	Doctors Clinic of Spokane	Family Medicine Liberty Lake	Guardian Family Care	Hart Family Medicine	Hendler Family Practice	MD2	New West Medical Care	North East Washington Med. group	Physicians Clinic of Spokane
Do any providers in your practice participate as a network provider in a health carrier's network?	No	No	Yes	Yes	Yes	Yes	Yes		No	Yes	No	No	Yes	Yes	Yes
What percentage of your business is direct practice?	100	100	80	5-10	1	3	Don't Know		100	Don't Know	100	100	<1	Don't Know	Don't Know
Has the practice discontinued any patients?	Yes	Yes	No	Yes	Yes	Yes			Yes		No	Blank	Yes	Blank	No
· The patient failed to pay under the terms of the direct agreement.	X	X		X	X	X							X		
· The patient performed an act that constitutes fraud?	X	X							X				X		
Has your direct practice declined to accept any patients?	Yes	Yes	No	No	Yes	No	Yes		No	Yes	No	Yes	No	yes	Yes
· The practice has reached its maximum capacity.												X			
· The patient's medical condition is such that the provider is unable to provide the appropriate level and type of health care services.	X	X			X		X			X				X	X

Websites and addresses for direct practices

DIRECT PRACTICE ADDRESS	WEBSITE
Anchor Medical Clinic 8227 44 th Ave. W. Suite E Mukilteo, WA 98275-2848	http://www.anchormedicalclinic.com/
Bellevue Medical Partners LLC 1750 112 th Ave. N.E. A-102 Bellevue, WA 98004	http://www.bellevuemedicalpartners.com/
CARE Medical Associates 1407 116 th Ave. N.E. #102 Bellevue, WA 98004	http://www.cmadoc.com/
Charis Family Clinic PLLC 23601 Hwy99, Ste A, Edmonds, WA 98026	http://www.charisclinic.com/
Columbia Medical Associates PO Box 2808 Spokane, WA 99220	http://www.columbiaprimarycare.com/
DirectCareMD/Heritage Family 3333 Harrison Ave N.W. Olympia, WA 98502	http://www.heritagefamilymedicine.com/
Doctors Clinic of Spokane Franklin Park Med. Building 220 E. Rowan Suite 300 Spokane, WA 99207	http://www.doctorscl clinicspokane.com/
Family Medicine Liberty Lake 23801 East Appleway Ave Suite 250 Liberty Lake. WA 99019	http://familymedicinelibertylake.com/index.htm
Guardian Family Care, PLLC 805 164 th St. SE #100 Mill Creek, WA 98102	http://www.guardianfamilycare.net/
Hart Family Medicine/ Spokane 107 E Holland Ave. Spokane, WA 99218	http://www.hartfamilymedicinespokane.com/
Hendler Family Practice 231 Madison Avenue South Bainbridge Island, WA 98110	http://hendlermd.com/default.aspx
Snoqualmie Ridge Clinic 35020 SE Kinsey Street Snoqualmie, WA 98065	http://www.snoqualmiehospital.org/
MD2 Bellevue 1135 116 th Ave N.E., S# 610 Bellevue, WA 98004	http://www.md2.com/concierge-medical-offices.php?ofx=2
MD2Seattle 1101 Madison St. Suite 1501 Seattle, WA 98104	http://www.md2.com/concierge-medical-offices.php?ofx=2
New West Medical Care, PLLC 14508 NE 20 th Ave, Ste 102 Vancouver, WA 98686	http://gwfamcare.com/insurance-hospitals/new-west-services-and-fees/

North East Washington Medical Group 1200 East Columbia Ave. Colville, WA 99114	http://www.newmg.org/
Physicians Clinic of Spokane Sacred Heart Medical Center Campus Medical Center Building 820 S McClellan Spokane, WA 99204	https://www.physiciansclinicspokane.com/pcs2/
Physicians Immediate Care & Medical Centers 1516 Jadwin North Richland, WA 99354	http://www.picmc.com/
Qliance Medical Group of Washington 509 Olive Way, Suite 1607 Seattle, WA 98101	http://www.qliance.com/
Rockwood Clinic 400 East Fifth Ave. Spokane, WA 99202	http://www.rockwoodclinic.com/
Seattle Medical Associates 1221 Madison #920 Seattle, WA 98104	http://www.seamedassoc.com/
Seattle Premier Health (Formerly Swedish Premier Health) 600 Broadway Suite 340 Seattle, WA 98122	http://www.swedish.org/Services/Swedish
Southwest Medical Group 16811 SE McGillivray Blvd Vancouver, WA 98638	http://www.sw-medicalgroup.org/home_medicalgroup.cfm?id=3895
Swedish Community Health 5300 Tallman Ave. N.W. Seattle, WA 98107	http://www.swedish.org
Vantage Physicians 3703 Ensign Rd #10A Olympia, WA 98506	http://vantagephysicians.net/
Yakima Valley Farm Workers for the Mexican Worker Health Program Yakima Valley Farm Workers Clinic PO Box 190 Toppenish, WA 98902	http://www.yvfwc.com/